

## Policy for Lone Working

Title:	Policy for Lone Working
Procedural Document Type:	Policy
Reference:	GOP07
Version:	1.0
Ratified by:	Clinical Quality and Safety Committee
Date ratified:	12/02/2013
Freedom of Information:	This document can be released
Name of originator/author:	Tracey Rogers
Name of responsible team:	Governance
Review Frequency:	3 Years
Review date:	12/11/2015
Target audience:	All Staff working with the Community & Commissioner services.

**This policy is cross- referenced or refers to the following policies and documents.**

- CCTV Policy (GOP12)
- LOCKDOWN Policy (GOP22)
- Managing Non-Physical and Physical Assault Policy (GOP13)
- Security Management Strategy (GOS29)
- Witness statements Guidance (Es-sec-g02)
- Organisational Procedures for the Placement of an Alert Marker on Community Clinical Records (ES-SEC-PO3)
- Site security protocols
- Local lone worker procedures
- Risk assessment and risk management
- Data Protection Policy Records Management Policy – (Retention and Deletion).
- Risk Management Policy
- Countywide Communication and Mobile Telephone Policy
- Protocol for the Exchange of Information between the Devon & Cornwall Constabulary and Royal Health Care Trusts.
- Freedom of Information Act
- Equality and Diversity Policy
- Joint Partnership Committee
- Dignity at Work Policy

## References:

Counter Fraud and Security Management Service; Not Alone A Guide for better protection of lone workers in the NHS.
Health and Safety at Work Regulations: 1992 <a href="http://www.opsi.gov.uk/si/si1992/Uksi_19922051_en_1.htm">http://www.opsi.gov.uk/si/si1992/Uksi_19922051_en_1.htm</a>
Health and Safety at Work Act 1974, <a href="http://www.hse.gov.uk/legislation/hswa.htm">http://www.hse.gov.uk/legislation/hswa.htm</a>
Management of Health and Safety at Work Regulations 1999 <a href="http://www.opsi.gov.uk/si/si1999/19993242.htm">http://www.opsi.gov.uk/si/si1999/19993242.htm</a>
Secretary of State Directions Statutory Instrument 3039/2002. <a href="http://www.nhsbsa.nhs.uk/Documents/concordat_sms_hse.pdf">http://www.nhsbsa.nhs.uk/Documents/concordat_sms_hse.pdf</a>
General risk assessments can be found: <a href="http://www.cornwallandislesofscilly.nhs.uk/CornwallAndIslesOfScillyPCT/AboutUs/PoliciesAndEqualityImpactAssessments.aspx">http://www.cornwallandislesofscilly.nhs.uk/CornwallAndIslesOfScillyPCT/AboutUs/PoliciesAndEqualityImpactAssessments.aspx</a> .
Guidance to be issued by the NHS security management service in their NHS security Management Manual NHS Security Management Service: Manual of Guidance 2009. <a href="http://www.nhssecuritymanagement.nhs.uk/noflash.html">http://www.nhssecuritymanagement.nhs.uk/noflash.html</a>
Care Quality Commission. (C20A & C7). <a href="http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/documents/Appendix4HealthcareCommissionStandards.pdf">http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/documents/Appendix4HealthcareCommissionStandards.pdf</a>
A Professional Approach to Managing Security in the NHS. NHS Security Management Service. <a href="http://www.nhsbsa.nhs.uk/413.aspx">http://www.nhsbsa.nhs.uk/413.aspx</a>
HSE Working Alone: Management of health and safety at work. Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and guidance L21 (Second edition) HSE Books 2000 ISBN 978 0 7176 2488 1 <a href="http://www.hse.gov.uk/pubns/indg73.pdf">http://www.hse.gov.uk/pubns/indg73.pdf</a>
Successful health and safety management HSG65 (Second edition) HSE Books 1997 ISBN 978 0 7176 1276 5 <a href="http://www.hse.gov.uk/pubns/indg275.pdf">http://www.hse.gov.uk/pubns/indg275.pdf</a>
Five steps to risk assessment Leaflet INDG163(rev2) HSE Books 2006 ( ISBN 978 0 7176 6189 3) <a href="http://www.hse.gov.uk/pubns/indg163.pdf">www.hse.gov.uk/pubns/indg163.pdf</a>
Employers' Liability (Compulsory) Insurance Act 1969: A guide for employers Leaflet HSE40(rev3) HSE Books 2008 (ISBN 0 978 0 7176 6331 6) <a href="http://www.hse.gov.uk/pubns/hse40.pdf">www.hse.gov.uk/pubns/hse40.pdf</a>
Violence at work: A guide for employers Leaflet INDG69(rev) HSE Books 1996 (ISBN 978 0 7176 1271 0 <a href="http://www.hse.gov.uk/pubns/indg69.pdf">www.hse.gov.uk/pubns/indg69.pdf</a> )
Managing work-related violence in licensed and retail premises Leaflet INDG423 HSE Books 2008 ( ISBN 978 0 7176 6234 0) <a href="http://www.hse.gov.uk/pubns/indg423.pdf">www.hse.gov.uk/pubns/indg423.pdf</a>
Counter Terrorism Protective Security Advice for health –Lockdown. <a href="http://www.nactso.gov.uk/healthcare.php">http://www.nactso.gov.uk/healthcare.php</a>
Human Rights Act, 1998 <a href="http://www.opsi.gov.uk/ACTS/acts1998/ukpga_19980042_en_1">www.opsi.gov.uk/ACTS/acts1998/ukpga_19980042_en_1</a>

## POLICY INDEX

Number	TITLE	PAGE NO
1.0	Introduction	4
2.0	Statement of Intent	4/5
3.0	Objectives	5
4.0	Definitions	5/6
5.0	The Development and Management of Procedural Documents	6
6.0	Responsibilities –Chief Executive	7
7.0	Executive Directors	7
7.0	Senior Manager's Responsibility	7
8.0	Responsibility of the Director of Nursing and Professional Practice	7
9.0	Local Security Management Specialist (LSMS) Responsibility	7/8
10.0	Locality Managers	8
11.0	Senior Manager Responsibility	8/9
12.0	Ward Managers/ Team Leaders/Supervisors	9/10
13.0	Employees Responsibility	10/11
14.0	Human Resources	11
15.0	Cornwall Health Estates Shared Services	11

## PART 2: LONE WORKER GUIDELINES AND TEMPLATES

Number	TITLE	PAGE NO
Appendix 1	Service procedural measures for office based staff	13
Appendix 2	Checklist for managers	14
Appendix 3	Buddy System	15
Appendix 4	Handy Hints Card	16
Appendix 5	Lone workers onset to visit checklist.	17
Appendix 6	Checklist for home visits	18
Appendix 7	Lone worker Risk Assessment Guidance.	19/20
Appendix 8	Risk Template.	21/22
Appendix 9	Site Lone worker accountability.	23
Appendix 10	Conflict Resolution Training.	24
Appendix 11	Cornwall Switchboard Information log sheet.	25

## 1.0 INTRODUCTION

1.1 This policy is provided for use in the day-to-day work of all Peninsula Community Health (PCH) staff, and where appropriate:

- Couriers
- Waste management teams
- Maintenance Engineers
- Contractors/ Visitors
- Builders
- Consultants and Specialist
- On-call
- Agency/bank staff and locums
- Dental clinics

## 2.0 STATEMENT OF INTENT

- **Aim** <sup>1</sup>“To provide a safe working environment for staff where physical or verbal violence, aggressive or abusive behavior is not tolerated and decisive action is taken against offenders in order to protect staff”.

2.1 The policy applies to all situations arising in connection with lone worker duties and work activities.

2.2 PCH will take all reasonable and practical steps necessary to fulfill its obligations by considering whether the risks of the job can be properly controlled by the employee(s) or employer by ensuring that staff are trained in carrying out risk assessments to identify potential threats to their health and safety.

2.3 PCH recognises and accepts its legal duty under:

- <sup>2</sup>Health and Safety at Work Act 1974,
- <sup>3</sup>Management of Health and Safety at Work Regulations 1999
- PCH associated policies

2.4 This document lays out the principles of good practice in situations where people may be working alone:

- Hospitals
- Community clinics
- GP practices
- Patient's homes
- On-call services
- Training facilities
- Working from home

2.5 This policy serves to offer a range of options for staff to utilise depending on their circumstances. Lone worker protection should be holistic in its approach, often this could mean more than one option is required working across both areas of guidance.

---

<sup>1</sup> A Professional Approach to Managing Security in the NHS. NHS Security Management Service.

<sup>2</sup> <http://www.hse.gov.uk/legislation/hswa.htm>

<sup>3</sup> <http://www.opsi.gov.uk/si/si1999/19993242.htm>

- 2.6 PCH should acknowledge that there will always be a residual amount of risk associated to lone working. This maybe due to individual disciplines the inherent nature of the job concerned or the fluctuation in demand for the service. Staff have a responsibility to ensure the PCH is made aware of any contributing factors which could have a direct impact to their or others personal safety.
- 2.7 Failure to comply with the policy could result in disciplinary procedures.

### **3.0 OBJECTIVES**

The objectives of the policy are:-

- To identify those with responsibilities for the management of lone workers
- To provide information on a range of practical arrangements for undertaking lone working
- To ensure compliance with the legal requirements for protecting the health and safety of lone workers so far as is reasonably practicable
- To encourage full reporting and recording of all incidents, physical or psychological, near misses and injury/ non-injury, to staff relating to lone working
- To increase staff awareness to the safety issues relating to lone working
- To inform staff of their responsibilities
- To ensure that there are emergency procedures in place so that members of staff working alone can obtain assistance if required
- To ensure that any employee working alone is capable of undertaking the work alone
- To ensure all procedures are kept under constant review to take into account the changes to the external environment, introduction of new technologies and the lesson learnt from investigation of any incidents, where they could not be prevented or deterred

### **4.0 DEFINITIONS**

- 4.1 A lone worker is defined as a member of staff whose working terms and conditions of employment require them to work by themselves without close or direct supervision.

They may also include:

- Working outside their normal working hours where their isolation is increased with fewer colleagues working nearby
- Any member of staff who may spend varying amounts of their time alone, either travelling or within a working environment separately from others

However, there is not one single definition that encompasses all those who may face lone working situations. Therefore staff may face increased risks to their security and safety. This is why staff must ensure that they apply a robust approach to risk management regarding their safety whilst working in a lone worker situation.

All staff must familiarise themselves where appropriate with the contents of the following policies and procedures to support their personal safety:

- Managing Non-Physical and Physical Assault Policy (GOP13)
- Offensive weapons and knives policy (GOP30)
- Witness statements Guidance (Es-sec-g02)
- Risk assessment and risk management
- LOCKDOWN Policy (GOP22)
- Site security protocols
- Organisational Procedures for the Placement of an Alert Marker on Community Clinical Records (ES-SEC-PO3)
- Security Management Strategy (GOS29)
- CCTV Policy (GOP12)
- Bomb threats and suspicious unattended objects or packages policy (GOP08)
- A Protocol for Completion of Hospital Initiated Alcohol Detoxification (OPR01)

## **5.0 THE DEVELOPMENT AND MANAGEMENT OF PROCEDURAL DOCUMENTS**

### **5.1 Risk Management Strategy Implementation**

### **5.2 Implementation**

- 5.3 All employees will be made aware of their responsibilities in connection with this policy by their line manager. Support will be provided on request from the LSMS. This policy will be circulated to all heads of service that will be responsible for ensuring all staff know of the guidance and its contents.

### **5.4 Training and Support**

- 5.5 All staff are mandated to undergo annual personal safety training depending on the criteria as outlined within PCH training schedule.
- Dissemination
  - Once ratified this policy will be loaded to the intranet (read only).
  - Staff will be made aware of its existence through the weekly email bulletin.

Confirmation of receipt is not required for this procedural document.

### **5.6 Storing the Procedural Document**

- 5.7 The signed procedural document will be stored (hard copy) centrally, as will the digital (soft copy) version.

## **5.8 Equality Impact Assessment**

5.9 Peninsula Community Health aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

5.10 As part of its development this policy and its impact on equality have been assessed. The assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race sex, disability, age, sexual orientation, or religious belief. No detriment was identified.

## **5.11 Process for Monitoring Effective Implementation**

As part of the PCH governance programme each site security folder will be audited by the LSMS. Each line manager will be required to provide the LSMS with documented proof of the lone working procedures. Any concerns will be reported to the PCH Information Governance Sub-Committee.

## **6.0 RESPONSIBILITIES**

### **6.1 Chief Executive**

6.2 The Chief Executive has overall responsibility for ensuring that PCH has in place the appropriate management systems for all aspects of health, safety, and welfare at work.

6.3 The Chief Executive has overall responsibility for all matters pertaining to security and delegates this authority to the Director of Nursing and Professional Practice

### **7.0 Executive Directors**

7.1 Are responsible for ensuring that appropriate procedures and suitable precautions, including appropriate training, are in place to safeguard the health, safety and welfare of lone workers.

## **8.0 Responsibility of the Director of Nursing and Professional Practice (Director for Security).**

8.1 The DofS is responsible for promoting security at board level.

8.2 Ensure that the Locality Managers reviews the effectiveness of the preventative and control measures through a system of reporting, investigating, recording incidents and near misses.

8.3 Ensure that staff groups, and individuals, who are identified as being at risk is given appropriate information, instruction, and training to ensure their protection.

8.4 The DofS seek this assurance and monitor the policy along with any issues which could arise from staff working in a lone worker environment by regular monthly performance reviews with the Locality Managers.

## **9.0 Local Security Management Specialist (LSMS)**

9.1 Inform PCH on the legal requirements for protecting lone workers.

- 9.2 Provide advice and guidance to the DofS to be disseminated to the board on how the system for lone working can be developed and improved, working in conjunction with relevant stakeholders.
- 9.3 Work with the risk departments to improve reporting on mitigating identified risks.
- 9.4 Conduct full and proper investigations, in consultation with the DofS and the appropriate stakeholders, following a lone worker incident.
- 9.5 Ensure that the lone worker procedures are reviewed by a system of audits.

## **10.0 Locality Managers**

- 10.1 Are responsible for ensuring that all managers, department heads, staff, temporary staff contractors, and volunteers receive the correct training to adhere to all aspects outlined within this policy including all contingency planning, this will be regularly monitored at board level by-

- Monthly performance reviews

They will be required to provide evidence that they:

- Ensure all managers have in place an escalation protocol for lone working for all disciplines under their remit
  - Ensure that all appropriate lone worker identified risks are placed onto the PCH risk register and ensure the appropriate actions are applied to mitigate the risk.
  - Establish whether their managers have risk assessed their staff to identify if they require any safety equipment e.g. mobile phones/ attack alarms etc
  - Ensure completed risk assessments are retained and secured in accordance with the organisations records management, deletion, and retention policy

## **11.0 Senior Managers Responsibility (Appendix 2).**

- 11.1 Monitor their areas of responsibility and ensure that the policy is adhered to. Ensuring the development, implementation and monitoring of procedures and safe systems of work are put into practice via their senior management teams. These are designed to eliminate or reduce the risks associated with working alone. Reviewing the effectiveness of preventative and control measures by:
  - System of reporting and recording incidents and near misses
  - Investigating reported incidents
- 11.2 Ensure that staff groups and any individuals who are identified as being at risk, are given appropriate information, instruction, and training. To include:
  - Staff awareness
  - Updates, and refresher training in safe working practices
  - Conflict resolution for all front-line staff



- Raising the alarm and reporting incidents

Ensure that they have robust escalation procedures in place, in case of an alarm being raised.

- 11.3 Ensure that staff are made aware, and have access to, the lone worker policy.
- 11.4 All new staff should have lone working covered as part of their local induction process and this should be recorded within their p/file.
- 11.5 Ensure that risk assessments are undertaken, reviewed regularly and resources are allocated to mitigate the identified risk(s) if appropriate. They must also ensure that the risk assessments are reasonably practicable and acted upon quickly.
- 11.6 Ensure that they have completed a Community Services Risk Assessment where staff work alone, or in isolation in buildings, or carry out domiciliary visits.
- 11.7 The manager will ensure each staff member's lone worker protection is audited annually as part of personal development review process.
- 11.8 Ensure that any internal alert systems that are activated from a static panic button in treatment rooms etc have clear procedures on what should happen and by whom and when they are to be activated. These should be periodically tested for functionality and response.
- 11.9 Ensure that appropriate support is given to staff involved in any incident, which may include referral to the Occupational Health Department.

## **12.0 Ward Managers / Team Leaders / Supervisors**

- 12.1 To ensure a lone worker accountability process are completed for each discipline within their remit. This will ensure that in a case of an alarm being raised, they will have a robust escalation process in place.
  - Ensure that any alert systems have a auditing/testing programme, evidence should be retained within the site specific security folders
  - Ensure that the alarm is raised immediately should there be any concern that the lone worker has not returned to base or home at the stipulated time. Ensure that all areas have clear procedures on what should happen when they are to be activated. Before the police are contacted, the manager must try to contact the staff member, through the usual channels; if still no response only then should they contact the police
  - All escalation process should be periodically tested for functionality and level of response
- 12.2 Ensure that this policy and local process for lone workers are adhered to within their department or ward providing auditable evidence to this fact.
- 12.3 Ensure that a risk assessment is undertaken on staff appointment and re-evaluation occurs at appraisal to identify the level of training required to

undertake the role; Also ensure that findings arising from the risk assessments are acted upon and the risks reduced, as far as is reasonably practicable.

- 12.4 Ensure that any subsequent guidelines, changes to protocol or operational procedures are cascaded to staff.
- 12.5 Ensure that staff receive the appropriate training to enable them to manage situations which may occur during the performance of their duties. Providing the staff with sufficient information, guidance, and training to enable them to stop work immediately and proceed to a place of safety if they are exposed to imminent serious danger. In some circumstances, it may be necessary for staff to be prevented from resuming work in some circumstances where their health and safety is at risk.
- 12.6 Ensure, if an event or incident has occurred that existing safeguards are reviewed and if any new safeguards are implemented these are cascaded to all staff. Following an incident, ensure that a debriefing is undertaken to ensure lessons are learnt.
- 12.7 Ensure that all incidents, are recorded using the incident/near miss reporting system Datix. Staff should normally use the electronic system, but in cases when this might not be functioning then incidents should be reported via the incident helpline: 01872 253490.
- 12.8 Ensure that there is a system to promote staff safety so that any information that relates to a problem patient/client is communicated to all relevant departments in a timely manner.
- 12.9 Ensure that all staff has a local induction which explains all of the security operating systems within the unit/department.
- 12.10 Arrange for staff to have any Occupational Health support as required in accordance with the PCH policy.

### **13.0 Employees**

- 13.1 Employees must be aware of their responsibilities under Section 7 of the Health and Safety at Work Act 1974 and comply with all safety and security policies. They must ensure that no danger is caused to themselves or others by any act or omission and abide by all the safety and security rules of PCH board.'
- 13.2 To support their manager in implementing their local department's protocol for lone working. **Under no circumstances, should staff compromise their safety. If they feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately.**
- 13.3 To use the facility of **Bodmin Switchboard (01208 251300)** if they are working outside their normal hours or if there is no other support available within the team. Employees working outside normal office hours of 9.00 am-5.30 pm should inform the manager or the security firm of their intent, or adhere to the local arrangements for the sites. Staff should ensure that their car is close to the building and covered by lights or CCTV, when working outside the normal working hours wherever possible.

- 13.4 To report all incidents, accidents and near misses that affect the health, safety and security of themselves and others, seeking advice as appropriate.
- 13.5 To undertake the appropriate training provided by the Education & Training department in accordance with the national conflict resolution training.
- 13.6 To identify any changes to their role or circumstances which will require an additional risk assessment being carried out.
- 13.7 Employees should enter all their proposed appointments and daily place of work (training, annual leave etc) in their GroupWise calendar on a regular basis. This should be viewable to all. Appointments can be marked “private”, and if this is the case then a contact number should be available. It is each employee’s responsibility to ensure that their colleagues have access to their diary/calendars and that the facility to enable colleagues to inspect the diary/calendar is available. In the event of any change of plans, the manager or colleague (buddy) should be informed.

#### **14.0 Human Resources**

- 14.1 Ensuring the development, implementation and monitoring of procedures and safe systems of work are put into practice via their senior management teams, which are designed to eliminate or reduce the risks associated with working alone.
- 14.2 HR must ensure that that all paperwork relating to staff employment states:
  - Staff members responsibility for their personal safety as outlined within the Health and Safety Act
  - Staff members duty in relation to the reporting of incidents

#### **15.0 Cornwall Health Estates Shared Services (CHESS)**

- 15.1 Ensure that the sites external fabric and boundaries are adequate, functioning and comply with all statutory legislation for the safety.
- 15.2 Ensure that all reporting systems for raising the alarm are active and functioning with the appropriate response procedures in place.

### **FURTHER GUIDANCE**

For further guidance please contact the Local Security Management Specialist on 01726 627885 or email: [Tracey.Rogers@pch-cic.nhs](mailto:Tracey.Rogers@pch-cic.nhs) – or visit the NHS Protect web site at [www.nhsbsa.nhs.uk/security](http://www.nhsbsa.nhs.uk/security)

## PART 2: LONE WORKER GUIDELINES AND TEMPLATES

Number	TITLE	PAGE NO
Appendix 1	Service procedural measures for office based staff	13
Appendix 2	Checklist for managers	14
Appendix 3	Buddy System	15
Appendix 4	Handy Hints Card	16
Appendix 5	Lone workers onset to visit checklist.	17
Appendix 6	Checklist for home visits	18
Appendix 7	Lone worker Risk Assessment Guidance.	19/20
Appendix 8	Risk Template.	21/22
Appendix 9	Site Lone worker accountability.	23
Appendix 10	Conflict Resolution Training.	24
Appendix 11	Cornwall Switchboard Information log sheet.	25

## Appendix 1- SERVICES PROCEDURAL MEASURES FOR OFFICE BASED STAFF.

The following points should be taken into under consideration regarding safe working practices for staff that are required to travel. Additional information is contained and can be referred to with the general appendices within this policy.

<b>GroupWise information:</b>
Lone workers should always ensure that someone else (manager or appropriate colleague) is aware of their movements. Staff are required to ensure that they keep their GroupWise calendar up-to-date and open to view. Appointments can be marked as “ <i>private</i> ” and if this is the case then a contact number should be available. Appointment should include: <ul style="list-style-type: none"> <li>• The location of the meeting</li> <li>• The details of the person/s with whom they will be working/ meeting and contact telephone numbers</li> <li>• Indications of how long they expect to be at those locations (both arrival and departure time)</li> <li>• Travel time</li> </ul>
<b>Protocols</b>
Each department/directorate must develop local protocols based on the completion of the appropriate risk assessments to suit their particular needs, and bring them to the attention of all employees likely to be affected.
Arrangements should be in place to ensure that if a colleague(s), with whom details have been left, leaves the office for some reason, they will pass the details onto another colleague, who will check that the lone worker arrives back at their office/base or has safely completed their duties.
Employees may wish to arrange with a colleague a call-back time to confirm that they have left the premises, or that they have been genuinely delayed and will call-back at another pre-determined time.
Lone workers must report in daily to their base office, if they are not due to attend their base that day. Procedures should also be in place to ensure that the lone worker is in regular contact with their manager, or relevant colleague, particularly if they are delayed or have to cancel the appointment. It is good practice for employees to inform managers ( or named individuals dependant on local protocols) of their safe arrival and return, either by phone call or text, especially if this may involve travelling to/from locations out of regular office hours.
As part of the local protocols details of vehicles and mobile phones used by lone workers should also be left with their manager (or named individuals dependant on local protocols). This should be accessible to the LSMS in case of emergencies if required. <ul style="list-style-type: none"> <li>• Registration number, make, model, and colour of car.</li> <li>• Mobile numbers.</li> <li>• Emergency contact numbers.</li> </ul>
If a major incident happens at the location of the lone worker, or whilst travelling to the location, then they should as soon as possible contact their base/buddy as per their local protocol. Failure to do so could lead to an escalation of the procedure.
<b>In Case of Emergency (ICE).</b> Staff may also wish to include a suitable contact number in their works mobile phone’s directory, under the contact designation/name ‘ICE’ for use in the event of extreme emergencies. This is recognised by all emergency services.
<b>Audit</b>
A system must be in place demonstrating that all staff are aware of these protocols and adhere to them. This information must be kept confidential and must not be left in a place where those who do not need to have this information, or members of the public, can access it. It should be made available to the LSMS as requested

**Staff should note that if they dial 999 using their mobile this will be picked up by the strongest signal regardless of their contracted supplier.**

## Appendix 2

### Lone Worker- Checklist for Managers.

Are your Staff ?	YES	NO
Trained in appropriate strategies for the prevention/ management of violent situations?		
Briefed about local protocols including lone worker for the area where they work?		
Conversant with the buildings security protocols and emergency systems?		
Issued with appropriate safety equipment?		
Provided you with their contact details?		
Provided access to their GroupWise account.		
Capable of undertaking the work alone, do they have any special reasons why this might be a problem?		

Are your Staff aware of?	YES	NO
The importance of risk assessments and do they complete these?		
The importance of leaving an accessible itinerary?		
The requirement to keep in contact with colleagues?		
How to obtain support and advice from management in and outside normal working hours?		

Do they :	YES	NO
Appreciate their responsibilities for their own safety?		
Appreciate the requirements for reporting and recording incidents?		
Appreciate the implications if they fail to adhere to the organisations policy?		
Evidence from PDR or staff meetings, 1.1 or following an incident		

Have you?	YES	NO
Audited your staff lone worker procedures?		
Ensured all equipment, panic alarms, mobile etc are functioning and all staff responded as appropriate?		

**Additional comments:**

## Appendix 3

### Lone worker – “Buddy” System.

It is essential that lone workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing the ‘*Buddy System*’

To operate the ‘*Buddy System*’ a lone worker must nominate a ‘*buddy*’. This is a person who is nominated as contact for the period in which they will be working alone. The nominated ‘*buddy*’, will:

<ul style="list-style-type: none"><li>• Be fully aware of the movements of the lone worker using diaries and calendars which can be communicated to the ‘<i>buddy</i>’ and accessible by the line manager</li></ul>
<ul style="list-style-type: none"><li>• Have all the necessary contact details for the lone worker, including personal contact details, such as next of kin or nominated person to be contacted</li></ul>
<ul style="list-style-type: none"><li>• Have details of the lone worker’s known breaks or rest periods</li></ul>
<ul style="list-style-type: none"><li>• Follow the agreed escalation procedure for contacting the lone worker, if they do not contact the ‘<i>buddy</i>’ as agreed. Knowing when to alert their senior manager or the Police, if the lone worker cannot be contacted, or they fail to contact their ‘<i>buddy</i>’ within agreed and reasonable timescales</li></ul>
<ul style="list-style-type: none"><li>• Contingency plans should be made if poor phone signal is a concern. This should be risked assessed. Remember 999 can be transmitted to any provider strongest single</li></ul>

**Essential to the effective operation of the ‘Buddy System’ are the following factors:**

The ‘ <i>buddy</i> ’ must be made aware that they have been nominated and what the procedures and requirement for their role are
Contingency arrangements should be in place for someone else to take over the role of the ‘ <i>buddy</i> ’ in case the nominated person is called away to a meeting, for example
There must be procedures in place to allow someone else to take over the role of the ‘ <i>buddy</i> ’ if the lone working situation extends past the end of the nominated person’s normal working day or shift or they are called away

## Appendix 4

### Handy Hints for lone workers travelling to patients home, site to site, meetings or training.

<b>Car.</b> Keep your car maintained and topped up with fuel	<b>Buddy System.</b> Make sure that a responsible person at your base knows where you are going and in what order
Know where you are going and carry maps to cover your area of travel	Make sure that a responsible person at your base knows the details of your car – make, registration number and colour
Consider having the following items in your car: a torch (check battery and bulb regularly), a blanket, drinking water (hot flask in extremes of cold weather), a warning triangle, pen, and notebook in case of accident	Make sure that a responsible person at your base knows your mobile phone numbers
Keep doors locked whilst in slow moving traffic or stationary, especially if you do not know the area	<b>General.</b> Allow plenty of time for your journey
Do not keep your handbag, medical equipment, notes or any other goods on the passenger seat	Park as near to the premises you are visiting/working at as much as possible
Do not keep items with your address on in your car	Park under a lamp or in a well lit area, preferably facing the direction you will need to leave in
<b>Mobile/Pagers.</b> <b>In Case of Emergency- ICE.</b> Staff may also wish to include a suitable contact number in their works mobile phone's directory, under the contact designation/name 'ICE' in the event of extreme emergencies. This is recognised by all emergency services	Be aware of the nearest place of safety (e.g. police station, shops, petrol station). If approached by a stranger do not open a window or door. Drive away and sound horn if threatened or trapped. Glance round before unlocking and opening the car door
Make sure your phone/pager is well charged. Keep your phone close to hand and read your instructions manual	If you find the car unlocked or open <b>DO NOT</b> get in. If safe to do so, check if anyone is in the car, otherwise leave and get help
<b>Risk Assessments.</b> Undertake the appropriate risk assessments	When leaving the premises have your car keys ready in your hand. Keep house and car keys separate
<b>If you feel unsafe at any point, while in a lone working situation, you should remove yourselves from the situation immediately. Leave all equipment but if required retain your car keys, and contact your line manager when it is safe to do so</b>	If an unmarked car attempts to stop you and you are unsure whether it is a police officer, signal that you intend to drive to the local police station or somewhere else where you will feel safe
	Store all equipment in the boot of your car



## Appendix 5

### Community Lone Workers - At the Outset of a Visit.

To be retained within staff folders or staff handbooks.

The lone worker will inform their manager, or nominated person, prior to visiting an unknown or high risk client, as identified from the results of the risk assessment, giving the following Information:	
•	Name of lone worker
•	Manager for contact purposes
•	Vehicle registration number, make, model and colour
•	Mobile/contact telephone number and/or pager number
•	Address of patient/client to be visited – checking all relevant documentation on client for their own personal risk assessment

Following the risk assessment for patients or addresses, which are deemed to be a high risk, in addition to the above, staff should consider the use of the following:	
•	Visit in pairs or invite client to a Peninsula Community Health premises
•	Make use of Bodmin Switchboard (01208 251300) who will need to know the above mentioned items, or if practicable your local based system so that a check can be made of your welfare. Also, lone workers must: <ul style="list-style-type: none"><li>• Provide an anticipated start time to the visit</li><li>• Report back when the visit is complete. This is imperative and failure to do so could involve managers and other agencies unnecessarily and result in disciplinary actions being taken</li></ul>
•	Provide an anticipated start time of the visit
•	It is imperative that members of staff <b>MUST</b> report back to the check-in system. Failure to do so could involve managers and other agencies unnecessarily and result in disciplinary actions being taken
•	If staff feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately and contact their line manager when it is safe to do so
•	If an emergency occurs or if a quick response is required they are to summon the appropriate assistance and to consider dialing, 999.

Base / Security Instructions	
•	In the event of the employee not responding or failing to make contact at the end of a high risk visit, the base staff will try to contact the lone worker on their mobile telephone and pager. Failure to make contact with the lone worker, the On-call Manager is to be contacted. <b>Depending on the level of risk, the buddy or manager should call the police to report the failure to return.</b>

## Appendix 6

### CHECKLIST FOR HOME VISITS – LONE WORKER POLICY

Display on staff notice boards.

<b>Before Leaving: Check</b> “at risk” registers if available and medical records (anything known). Check content of referral details. If found a high risk, consider inviting client to clinic, GP surgery	
•	Complete a risk assessment
•	Consider visiting in pairs
•	Establish a route and location (be sure how and where to go)
•	Check the vehicle and fuel
•	Ensure that personal items are stored in the boot, as well as all equipment
•	Check that any safety equipment is working
•	Never leave items that contain personal details or valuables in the car

<b>General:</b>	
<b>Let others know</b>	Log your visit, location and how long you will be there. “Use the Buddy system” or BODMIN switchboard 01208 2513000
<b>Difficult visits</b>	Ring base prior to and after visit
<b>Stand ins</b>	Brief deputising colleagues on difficulties and potential risks
<b>Accompanied</b>	If in doubt on possible risk, never visit alone. Attend with a colleague, manager, or some instances, with the Police
<b>Location</b>	Verify information about previous treatments. where possible ask client or someone in the household to be visible at house window or door as you arrive and to leave light on/curtains drawn back at night.
<b>If in doubt</b>	Do not enter premises. If staff feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately and contact their line manager when it is safe to do so

<b>En Route: Consider:</b>	
•	Time of day in relation to the level of risk the patient or environment presents
•	Location and parking – avoid using the driveway of the person being visited If you are likely to be blocked in. Always try to park facing the way you would wish to leave
•	Route, access to property and area
•	Is a home visit essential?

<b>Procedure:</b>	
•	Refer to your local lone worker procedures and the policy

<b>Accessing:</b>	<b>Personal Safety:</b>
Be alert, be aware & be safe	Follow client into premises
Wear your ID Badge	Plan your exit
Park in well lit area and with care	Have your phone and keys easily accessible
Park in the direction that provides the best exit- Do not display “on call” notices	Do not position yourself in a corner or in a situation where it may be difficult to escape
Do avoid groups of rowdy people	Shut the door to familiarise yourself, with the lock
Do carry a torch – if dark	Be aware of body language
Do not take short cuts across fields, unlit areas	Remain calm and focused
On return to car, do have the keys ready	Keep possessions to a minimum and close by

<b>Car Breakdown :</b>	
•	Phone liaison person “buddy” at base to inform them of situation
•	If base/lease car, follow Transport Department procedure for reporting breakdown
•	If in privately owned car, contact usual breakdown service

## Appendix 7

### Lone worker- Risk Assessment Guidance and Template.

Managers and staff should ensure that risk assessments are carried out and regularly reviewed for all instances where staff are required to work in lone worker situations. Everyone is responsible for the safety of themselves and their colleagues and by failing to complete a risk assessment they not only place themselves at risk but this could to other staff being assaulted. These risk assessments will identify the risks to workers and any others who may be affected by their work. Staff can either complete the generic assessment or the specific lone worker one **Appendix 8**.

Risk Assessment:	
•	Risk Assessments must be completed to identify staff whose working practice(s) exposes them to risk.
•	Recommendations will be made to eliminate or reduce the identified risks to the lowest level that is reasonably practicable.
•	In all cases the question about the need for lone working must be addressed
•	Managers must decide whether systems can be adopted to avoid workers carrying out tasks on their own. Evaluation of physical capability to carry out lone working, such as being pregnant, disabled, or inexperienced must be made
•	Following completion of the risk assessment, consideration should be given to any appropriate action that is required. Managers must ensure that risk assessments and appropriate action plans are in place to meet the specific needs of all lone workers within their area of control, including individual needs identified
•	The working practice of the lone worker and any other contributory factors (e.g. physical security of the workplace) must be risk assessed
•	Where staff work alone, or in isolation in buildings, or carry out domiciliary visits, managers should complete risk assessment
•	The necessity and amount of equipment required must be assessed, as well as the individual's ability to carry it
•	The need for emergency equipment must be estimated and assessed. For example, a torch, map of the local area, emergency telephones numbers (including Security and the Police), personal attack alarm, a first aid kit or mobile phones/chargers
•	The risk assessment form is a tool to help identify whether existing control measures are adequate. If not, modifications and additional actions must be considered to help to reduce the risks associated with the lone working activities

Risk assessments for Hospital/Clinic based lone workers must include:	Risk assessments for mobile lone workers must include:
Who to contact in an emergency (i.e. line manager, managers on call)	"Buddy" working (*Appendix 3)
Risk of Physical & Non- Physical Assault	Risk of Physical & Non- Physical Assault
Safe access and egress	Level of supervision
Knowledge of security arrangements on site (i.e. CCTV, Lighting, communication systems and alarms )	Individual capability/needs (e.g. disabilities, medical conditions, pregnancy, etc.)
All local reporting procedures	Where it is practicable, a log of known risks should be kept updated and reviewed regularly - in respect of the location and

	details of patients/service users/other people that may be visiting the address, where a risk may be present
--	--

<b>All staff:</b>
Personal safety/security training, including conflict resolution for all front-line staff (see * Appendix 10) breakaway training and Crime Prevention
Where there is a history of violence and/or the patient/service user location is considered high risk, the lone worker must be accompanied by: a colleague; by a line Manager; or, in some cases, by the Police. If unsure then advice can be sought via the LSMS. Consideration should be given to meeting the client at the local hospital or clinic
If a lone worker has been given personal protective equipment, such as a mobile phone or similar device, they must ensure that it is in full working order and that, they have it on their person. The lone worker must use this device to alert an appropriate person before entering into a situation, where they have prior knowledge of risk or at that point in time, consider themselves to be at risk
<b>High risk visits:</b> Make use of Bodmin Switchboard (01208 251300) (Appendix 11), or if practicable your local based system so that a check can be made. Where possible, the visit should take place at a neutral location or within a secure environment

## Appendix 8

### Lone Workers Risk Assessment.

<b>Address where work is to take place:</b>	<b>Name of assessor:</b>	<b>Date of assessment:</b>
		<b>Date of review:</b>
	<b>Name of Manager:</b>	
<b>Brief description of visit/task/role:</b>		

**Hazard identification:** identify the entire hazards specific to the lone working activity; evaluate the risks and record the appropriate risk grading; describe all existing control measures and identify any further measures required.

Specific hazards may need to be assessed for an individual lone worker e.g. pregnancy risk assessment. **These assessments should be completed using the relevant Peninsula Community Health recording forms and should be cross referenced with this document.**

Hazard(s)	Risk Grade	Control Measures (include alternative work methods, training, supervision, protective equipment, alarms)
<b>Workplace:</b> Identify any hazards specific to the workplace or work environment which may create particular risks for lone workers e.g. confined spaces, lack of emergency call systems		
<b>Process:</b> Identify any hazards specific to the work process which may create particular risks for lone workers e.g. electrical systems, use of dangerous substances		
<b>Equipment:</b> Identify any hazards specific to the work equipment which may create particular risks for lone workers e.g. manual handling aids, mechanical failure		
<b>Violence:</b> Identify the potential risk of violence – you may find it helpful to review recent and past incidents to assess the “true” picture		
<b>Home:</b> Identify exits routes, slips trips, falls hazards, lighting, pets, doors locks, car parking any other to cause concern		
<b>Individual:</b> Identify any hazards specific to the individual which may create particular risks for lone workers e.g. medical conditions, pregnancy/breastfeeding, young workers, sensory impairment, drug/alcohol concerns, mental health, adult protection, child services issues, abuse or domestic violence.		
<b>Work pattern:</b> Consider how the lone worker’s work pattern integrates with those of other workers in terms of both time and geography		

<b>Other:</b> Please specify		

<b>Persons at Risk:</b> Identify all those who may be at risk.	√		√
Consultant / Doctor / Radiographer		Emergency personnel (e.g. ambulance)	
Community Midwives, Paediatric Homecare team		Carers in the community	
Receptionists		On-call Staff	
Office Staff		Estates Engineers	
Patients		Others (please identify)	
Visitors			

<b>Training:</b> Identify the level and extent of information, instruction, and training required. Consider experience of workers.	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Conflict Resolution			
Cultural Awareness			
Manual Handling			
Fire Safety and Evacuation			
Personal Safety Training			
Task / professional training			
Other - please list			

<b>Supervision:</b> identify the level of supervision required.	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is suitable supervision in place?			
Periodic telephone contact with lone workers necessary?			
Periodic location visits to lone workers?			
Regular contact (e.g. telephone, radio etc)			
Automatic warning devices e.g. motion sensors			
Manual warning devices e.g. emergency call buttons, panic alarms etc			
End of task / shift contact			
Other – please specify			

<b>Additional Information:</b> Identify any additional information relevant to the Lone Working activity, including emergency procedures.

Action Plan required: Yes/No	Explain:

## Appendix 9

### Site- LONE WORKER ACCOUNTABILITY

This form should be amended to reflect local working procedures

<b>Site Name:</b>	<b>Managers details:</b>

Please make sure the team have your home telephone number and your car make, model and registration.

**REMEMBER:** You must complete a risk assessment on new patients and if possible ask the referring agent for any information pertinent to your safety.

Day Shift :	
•	On commencement of duty, book or sign in using team wipe board or system the team has in place
•	If you need to change your visits or add, let the team / identified contact, know of the changes
•	Leave a list of your visits for the day with your base and phone in periodically to confirm your whereabouts and your safety
•	Sign off at the end of your duty either by way of the wipe-board, answer phone or other system the team have in place
•	Team Leader or evening member of staff to check all staff has signed off and if not to follow up either by contacting them at home or by phoning them on their mobile
•	If unable to contact a staff member then follow the escalation procedure

Evening shift & weekend cover:	
•	Check that the day shift staff has all signed that they have gone off duty. Follow the escalation procedure if concerned
•	If you are visiting a patient or area that you have concerns about, contact the person on call for the neighbouring area, discuss concerns and consider joint visit or use Bodmin Switchboard (01208 251300) following the staff safety communications/mobile phone monitoring and call out procedure

**I confirm that this information has been explained to me and that I understood this. I will comply with the local procedures.**

Name:

Designation:

Signed:

Date:

Managers signature:

**This form should be completed at the time of issue and retained by the manager to be kept within the individuals personnel file.**

## Appendix 10

### Conflict Resolution Training

It is a requirement by the Peninsula Community Health that all front-line staff in the NHS receive Conflict Resolution Training.

The course has been designed for all front-line NHS staff and professionals whose work brings them into contact with members of the public. Their work may result in exposure to situations that may become volatile and confrontational, resulting in violence and abuse.

Conflict Resolution Training consists of a standard national syllabus for NHS staff in non-physical intervention techniques and managing and de-escalating potentially violent incidents within the work environment.

At the end of the course delegates will be able to:	
•	Describe common causes of conflict
•	Describe the two forms of 'communication'
•	Give examples of how communication can break down
•	Explain 3 examples of communication models that can assist in conflict resolution
•	Describe patterns of behaviour that may be encountered during different interactions
•	Give examples of the different warning and danger signs
•	Give examples of impact factors
•	Describe the use of distance when dealing with conflict
•	Explain the use of 'reasonable force' as it applies to conflict resolution
•	Describe different methods for dealing with possible conflict situations

For further information contact the Training, Education, and Development.



## Appendix 11 Cornwall Partnership Trust – Bodmin Hospital Switchboard 01208 2513000

Employee Security Log- Mobile Phone Use and Response Procedures

Operators(s) ----- Time ----- Date-----

Employee Name.....	Address.....	Home Phone No.....
Mobile Phone No.....	Pager No.....	Job Status.....
Vehicle Reg No.....	Make.....	Work base location.....
Line Manager (name).....		Contact Phone No.....

Client/ Patient Name.....Tel.....		Other information (Inc Route)
Address .....		
E.T Arrival .....	Confirmed Yes <input type="checkbox"/> No <input type="checkbox"/> Time	
E.T Departure .....	Confirmed Yes <input type="checkbox"/> No <input type="checkbox"/> Time	
E.T Home .....	Confirmed Yes <input type="checkbox"/> No <input type="checkbox"/> Time	
Action by Operators	Time	Signatures

To be retained within staff folders or staff handbooks. Copies to be held by administration staff within the department